

Georgia Society for Healthcare Risk Management

Scholarship Application Form

Please type or print all responses

Date _____

Name _____

Title _____

Organization _____

Mailing Address _____

Business Phone (area code) _____

Home Phone (area code) _____

Please describe your job functions related to healthcare risk management within your organization.

Are you a member of the Georgia Society for Healthcare Risk Management?

Yes No

Please list those years in which you have been a member of GSHRM. _____

What type of scholarship are you applying for?

ASHRM Annual Conference GSHRM Annual Conference
 HRM Module(s) CPHRM Review Class CPHRM Online Class

Have you attended an ASHRM or GSHRM annual conference?

Yes No

Please specify years if applicable _____

Please list your reasons for applying for this scholarship.

Please provide a list of GSHRM educational meetings you have attended over the last year. (Documentation required from the Membership Committee Chair.)

Please list all volunteer activities in which you have been involved with GSHRM.

If not currently involved, please list committees or other activities of GSHRM that you would be willing to participate in if you receive this scholarship.

Send completed application to: President Elect – Gina Sasser

If you have any questions, please contact Gina Sasser @ gina.sasser@northside.org